

213047859  
11372

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 140	Agency Case No. B3-116123	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 12/17/2013		(In Military Time) TIME OF ACCIDENT 1910		STATE USE ONLY  12/18/2013	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1914	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
B 30	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. West Fletcher / NW 1st to Hwy 34			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO		
C 5	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE		
D 2	IF AT INTERSECTION			IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		499.00			X	Hwy 33	
V1/M 14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN						
V2/M 06	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN		
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
VEHICLE NO. 1							
F 1	DRIVER LICENSE NO.	G02195662			STATE (Of License)	NE	
V1/N 1	DRIVER	GALE A ADAMS			PHONE	402-805-2519	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP 6655 STONEBROOK PKY, LINCOLN, NE 68521			DATE OF BIRTH (MM / DD / YYYY)	08/11/1960	
G 2	OWNER	Gale A Adams			PHONE	4028052519	
H 2	OWNER ADDRESS	CITY, STATE, ZIP 6655 Stonebrook Pky, Lincoln, NE 68521			CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB396403	
V1/O 1	LICENSE PLATE NO.	none	YEAR	2011	MAKE	KIA	
V2/O 1	VEHICLE	2011	MAKE	KIA	MODEL	Sorento	
I 1	VEHICLE ID NO. (VIN)	5XYKT3A10BG045011			BODY STYLE	Compact Utility	
J 01	TOWED TO	TOWED BY			COLOR	maroon / burgu	
K 01	INSURANCE COMPANY	Progressive			ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 500	
L 01	POLICY NO.	901899991					
VEHICLE NO. 2							
F 1	DRIVER LICENSE NO.	H13094661			STATE (Of License)	NE	
V1/P 1	DRIVER	Angela B Noelle			PHONE	402-440-9307	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 920 South 29th Street #19, Lincoln, NE 68510			DATE OF BIRTH (MM / DD / YYYY)	08/17/1989	
G 01	OWNER	ANGELA B NOELLE			PHONE	402-440-9307	
H 01	OWNER ADDRESS	CITY, STATE, ZIP 920 South 29th St. #19, Lincoln, NE 68510			CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB396404	
V1/Q 4	LICENSE PLATE	PA NO.	TGI398	YEAR	2014	STATE (Of Plate)	NE
V2/Q 4	VEHICLE	2008	MAKE	Chevrolet	MODEL	Impalla	
I 01	VEHICLE ID NO. (VIN)	2G1WT55N189127594			BODY STYLE	4 door Sedan	
J 01	TOWED TO	TOWED BY			COLOR	gray	
K 01	INSURANCE COMPANY	Geico			ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 750	
L 01	POLICY NO.	4308-20-58-08					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F	
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.	

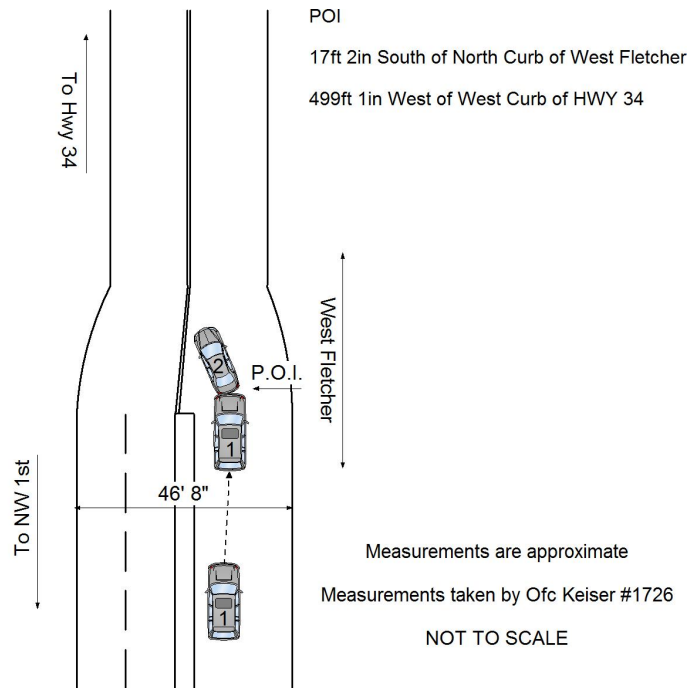
# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B3-116123



Indicate  
North  
by Arrow



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

DR#1 stated she was Eastbound on W. Fletcher from NW 1st following VEH#2. DR#1 stated she looked up and saw VEH#2 was stopped. DR#1 stated she was unable to stop in time to avoid the collision. DR#1 vehicle collided with VEH#2.  
DR#2 stated she was Eastbound on W. Fletcher from NW 1st and attempted a U-Turn on W. Fletcher. DR#2 stated she was either stopped or moving slowly when her vehicle was struck by VEH#1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																		
1			X		West Fletcher																		
2			X		West Fletcher																		
1	01				06 Turning left		POINT OF IMPACT		08	POINT OF IMPACT		06											
2	07				08 Entering traffic lane		MOST DAMAGED AREA		08	MOST DAMAGED AREA		06											
				01 Essentially straight ahead				00 None				02				03				04			
				02 Backing				09 Top & windows				01				05				06			
				03 Changing lanes				10 Undercarriage				08				07				06			
				04 Overtaking/ Passing				11 Total (all areas)															
				05 Turning right				12 Other															
				13 Unknown																			

OFFICER NO. 1539	TROOP/ TEAM/ BEAT 1	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) David Koso		INVESTIGATOR SIGNATURE Approved by Ofc. David Koso	DATE OF REPORT 12/18/2013